# APPENDICES

**APPENDIX A**
**EXANTHEMS -- DIFFERENTIAL DIAGNOSIS**

| Disease | Incubation | Prodromal Signs and Symptoms | Nature of Eruption | Other Diagnostic Features |
|---|---|---|---|---|
| **Chickenpox (Varicella)** | 2-3 weeks, usually 13-17 days | 0-1 day of fever, anorexia, headache. Communicable 1-2 days before and as long as 5 days after rash onset. | Rapid evolution of macules to papules, vesicles, crusts; all stages simultaneously present; lesions superficial, distribution centripetal. | Lesions on scalp and mucous membranes, predominantly on trunk. Pruritic: heals with crusty, slightly adherent scab. |
| **Exanthem subitum (Roseola infantum, HHV-6, Human herpes virus 6)** | About 10 days | 3-4 days of high fever. | As fever falls, pink maculopapules appear on chest and trunk; fade in 1-3 days. | Posterior occipital lymphadenopathy. Usually under 4 years of age, commonly at about 1 year of age. |
| **Fifth disease (Erythema infectiosum, Parvovirus B-19)** | 4-14 days, estimated | None; occurs as outbreaks among children. | Red, flushed cheeks; circumoral pallor; maculopapules on extremities. | "Slapped cheek" appearance. Evanescent rash with lacy appearance for 1-5 weeks. |
| **Infectious mononucleosis (Epstein-Barr Mononucleosis)** | 4-6 weeks or longer | Fever, adenopathy, sore throat; communicability prolonged. | Maculopapular, pink; begins on head and neck, spreads downward; fades in 3 days. No desquamation. | Lymphadenopathy, post-auricular or occipital. Transient arthralgias may occur 2-4 weeks following rash in adults. |
| **Rubella (German Measles)** | 14-21 days, usually 18 days | Little or no prodrome. Communicable 1 week before rash and 4 days after. | Maculopapular rash resembling measles or scarlet fever, rarely papulovesicular. | Splenomegaly, adenopathy, and hepatomegaly. |
| **Rubeola (Measles)** | 8-13 days, usually 10 days | 3-4 days of fever, coryza, conjunctivitis, and cough. Communicable from about 4 days prior to rash to 4 days after. | Maculopapular, reddish-brown; begins on head and neck, spreads downward. In 5-6 days rash turns brownish, desquamating. | Koplik's spots on buccal mucosa. General lymphadenopathy, occasional splenomegaly; encephalitis. |
| **Scarlet fever (Scarlatina)** | 1-3 days | 1-2 days of malaise, sore throat, fever, vomiting. Usually non-communicable 24-48 hours after antibiotics started. If untreated, can be communicable for 2-3 weeks. | Generalized, punctuate, red; prominent on chest, neck, axilla, groin, skin folds; circumoral pallor; fine desquamation involves hands and feet. Rash is sandpaper-like to touch and blanches on pressure. | Strawberry tongue, exudative tonsillitis; general cervical adenopathy. |
| **Smallpox (Variola)** | 7-19 days, usually 10-14 days | Occurring 1-4 days before rash onset, fever and at least 1 of the following: prostration, headache, backache, chills, vomiting, or severe abdominal pain. | Greatest concentration of lesions on face and distal extremities. Lesions are deep seated, firm/hard, round well-circumscribed vesicles or pustules at the same stage of development on same part of body. | First lesions on the oral mucosa/palate, face or forearms. Lesions occur on palms and soles. Patient appears toxic or moribund. |

# Appendix B

## Guidelines for Confirmation of Foodborne-Disease Outbreaks

A foodborne-disease outbreak (FBDO) is defined as an incident in which two or more persons experience a similar illness resulting from the ingestion of a common food.* The following table provides information about incubation periods, clinical syndromes, and criteria for confirming the etiology once an FBDO has been identified. The information on incubation periods and clinical syndromes is provided as a guideline and should not be included in the confirmation criteria. These guidelines might not include all etiologic agents and diagnostic tests.

FBDOs should be reported to the Foodborne and Diarrheal Diseases Branch at CDC on Form 52.13, Investigation of a Foodborne Outbreak, which was updated in October 1999. Provision of other documents describing the outbreak investigation also is encouraged. For information regarding collection of laboratory specimens and for additional information on viral agents, refer to other CDC publications (i.e., "Recommendations for Collection of Laboratory Specimens Associated with Outbreaks of Gastroenteritis," *MMWR* 1990:39[No. RR-14] and "Viral Agents of Gastroenteritis: Public Health Importance and Outbreak Management," *MMWR* 1990;39[No. RR-5]).

*Before 1992, three exceptions existed to this definition; only one case of botulism, marine-toxin intoxication, or chemical intoxication was required to constitute an FBDO if the etiology was confirmed. The definition was changed in 1992 to require two or more cases to constitute an outbreak.

**Table B. Guidelines for confirmation of foodborne-disease outbreaks**

| Etiologic agent | Incubation period | Clinical syndrome | Confirmation |
|---|---|---|---|
| **Bacterial** | | | |
| 1. *Bacillus cereus* | | | |
| a. Vomiting toxin | 1–6 hrs | Vomiting; some patients with diarrhea; fever uncommon | Isolation of organism from stool of two or more ill persons and not from stool of control patients<br>OR<br>Isolation of $10^5$ organisms/g from epidemiologically implicated food, provided specimen is properly handled |
| b. Diarrheal toxin | 6–24 hrs | Diarrhea, abdominal cramps, and vomiting in some patients; fever uncommon | Isolation of organism from stool of two or more ill persons and not from stool of control patients<br>OR<br>Isolation of $10^5$ organisms/g from epidemiologically implicated food, provided specimen is properly handled |
| 2. *Brucella* | Several days to several mos; usually >30 days | Weakness, fever, headache, sweats, chills, arthralgia, weight loss, splenomegaly | Two or more ill persons and isolation of organism in culture of blood or bone marrow; greater than fourfold increase in standard agglutination titer (SAT) over several wks, or single SAT 1:160 in person who has compatible clinical symptoms and history of exposure |
| 3. *Campylobacter jejuni/coli* | 2–10 days; usually 2–5 days | Diarrhea (often bloody), abdominal pain, fever | Isolation of organism from clinical specimens from two or more ill persons<br>OR<br>Isolation of organism from epidemiologically implicated food |

**Table B. (*Continued*) Guidelines for confirmation of foodborne-disease outbreaks**

| Etiologic agent | Incubation period | Clinical syndrome | Confirmation |
|---|---|---|---|
| 4. *Clostridium botulinum* | 2 hrs–8 days; usually 12–48 hrs | Illness of variable severity; common symptoms are diplopia, blurred vision, and bulbar weakness; paralysis, which is usually descending and bilateral, might progress rapidly | Detection of botulinal toxin in serum, stool, gastric contents, or implicated food<br>OR<br>Isolation or organism from stool or intestine |
| 5. *Clostridium perfringens* | 6–24 hrs | Diarrhea, abdominal cramps; vomiting and fever uncommon | Isolation of $10^5$ organisms/g from stool of two or more ill persons, provided specimen is properly handled.<br>OR<br>Demonstration of enterotoxin in the stool of two or more ill persons<br>OR<br>Isolation of $10^5$ organisms/g from epidemiologically implicated food, provided specimen is properly handled |
| 6. *Escherichia coli* | | | |
| a. Enterohemorrhagic (*E. coli* O157:H7 and others) | 1–10 days; usually 3–4 days | Diarrhea (often bloody), abdominal cramps (often severe), little or no fever | Isolation of *E. coli* O157:H7 or other Shiga-like toxin-producing *E. coli* from clinical specimen from two or more ill persons<br>OR<br>Isolation of *E. coli* O157:H7 or other Shiga-like toxin-producing *E. coli* from epidemiologically implicated food |
| b. Enterotoxigenic (ETEC) | 6–48 hrs | Diarrhea, abdominal cramps, nausea; vomiting and fever less common | Isolation of organism of same serotype, demonstrated to produce heat-stable (ST) and/or heat-labile (LT) enterotoxin, from stool of two or more ill persons |
| c. Enteropathogenic (EPEC) | Variable | Diarrhea, fever, abdominal cramps | Isolation of organism of same enteropathogenic serotype from stool of two or more ill persons |

**Table B. (*Continued*) Guidelines for confirmation of foodborne-disease outbreaks**

| Etiologic agent | Incubation period | Clinical syndrome | Confirmation |
|---|---|---|---|
| d. Enteroinvasive (EIEC) | Variable | Diarrhea (might be bloody), fever, abdominal cramps | Isolation of same enteroinvasive serotype from stool of two or more ill persons |
| 7. *Listeria monocytogenes* | | | |
| a. Invasive disease | 2–6 wks | Meningitis, neonatal sepsis, fever | Isolation of organism from normally sterile site |
| b. Diarrheal disease | Unknown | Diarrhea, abdominal cramps, fever | Isolation of organism of same serotype from stool of two or more ill persons exposed to food that is epidemiologically implicated or from which organism of same serotype has been isolated |
| 8. Nontyphoidal *Salmonella* | 6 hrs–10 days; usually 6–48 hrs | Diarrhea, often with fever and abdominal cramps | Isolation of organism of same serotype from clinical specimens from two or more ill persons<br>OR<br>Isolation of organism from epidemiologically implicated food |
| 9. *Salmonella* Typhi | 3–60 days; usually 7–14 days | Fever, anorexia, malaise, headache, and myalgia; sometimes diarrhea or constipation | Isolation of organism from clinical specimens from two or more ill persons<br>OR<br>Isolation of organism from epidemiologically implicated food |
| 10. *Shigella* spp. | 12 hrs–6 days; usually 2–4 days | Diarrhea (often bloody), often accompanied by fever and abdominal cramps | Isolation of organism of same serotype from clinical specimens from two or more ill persons<br>OR<br>Isolation of organism from epidemiologically implicated food |

**Table B. (*Continued*) Guidelines for confirmation of foodborne-disease outbreaks**

| Etiologic agent | Incubation period | Clinical syndrome | Confirmation |
|---|---|---|---|
| 11. *Staphylococcus aureus* | 30 min–8 hrs; usually 2–4 hrs | Vomiting, diarrhea | Isolation of organism of same phage type from stool or vomitus of two or more ill persons<br>OR<br>Detection of enterotoxin in epidemiologically implicated food<br>OR<br>Isolation of $10^5$ organisms/g from epidemiologically implicated food, provided specimen is properly handled |
| 12. *Streptococcus,* group A | 1–4 days | Fever, pharyngitis, scarlet fever, upper respiratory infection | Isolation of organism of same M- or T-type from throats of two or more ill persons<br>OR<br>Isolation of organism of same M- or T-type from epidemiologically implicated food |
| 13. *Vibrio cholerae* | | | |
| a. O1 or O139 | 1–5 days | Watery diarrhea, often accompanied by vomiting | Isolation of toxigenic organism from stool or vomitus of two or more ill persons<br>OR<br>Significant rise in vibriocidal, bacterial-agglutinating, or antitoxin antibodies in acute- and early convalescent-phase sera among persons not recently immunized<br>OR<br>Isolation of toxigenic organism from epidemiologically implicated food |
| b. non-O1 and non-O139 | 1–5 days | Watery diarrhea | Isolation of organism of same serotype from stool of two or more ill persons |

**Table B. (*Continued*) Guidelines for confirmation of foodborne-disease outbreaks**

| Etiologic agent | Incubation period | Clinical syndrome | Confirmation |
|---|---|---|---|
| 14. *Vibrio parahaemolyticus* | 4–30 hrs | Diarrhea | Isolation of Kanagawa-positive organism from stool of two or more ill persons<br>OR<br>Isolation of $10^5$ Kanagawa-positive organisms/g from epidemiologically implicated food, provided specimen is properly handled |
| 15. *Yersinia enterocolitica* | 1–10 days; usually 4–6 days | Diarrhea, abdominal pain (often severe) | Isolation of organism from clinical specimen from two or more ill persons<br>OR<br>Isolation of pathogenic strain of organism from epidemiologically implicated food |
| **Chemical** | | | |
| 1. Marine toxins | | | |
| a. Ciguatoxin | 1–48 hrs; usually 2–8 hrs | Usually gastrointestinal symptoms followed by neurologic symptoms (including paresthesia of lips, tongue, throat, or extremities) and reversal of hot and cold sensation | Demonstration of ciguatoxin in epidemiologically implicated fish<br>OR<br>Clinical syndrome among persons who have eaten a type of fish previously associated with ciguatera fish poisoning (e.g., snapper, grouper, or barracuda) |
| b. Scombroid toxin (histamine) | 1 min–3 hrs; usually <1 hr | Flushing, dizziness, burning of mouth and throat, headache, gastrointestinal symptoms, urticaria, and generalized pruritis | Demonstration of histamine in epidemiologically implicated fish<br>OR<br>Clinical syndrome among persons who have eaten a type of fish previously associated with histamine fish poisoning (e.g., mahi-mahi or fish of order Scomboidei) |

**Table B. (*Continued*) Guidelines for confirmation of foodborne-disease outbreaks**

| Etiologic agent | Incubation period | Clinical syndrome | Confirmation |
|---|---|---|---|
| c. Paralytic or neurotoxic shellfish | 30 min–3 hrs | Paresthesia of lips, mouth or face, and extremities; intestinal symptoms or weakness, including respiratory difficulty | Detection of toxin in epidemiologically implicated food<br>OR<br>Detection of large numbers of shellfish-poisoning–associated species of dinoflagellates in water from which epidemiologically implicated mollusks are gathered |
| d. Puffer fish, tetrodotoxin | 10 min–3 hrs; usually 10–45 min | Paresthesia of lips, tongue, face, or extremities, often following numbness; loss of proprioception or floating sensations | Demonstration of tetrodotoxin in epidemiologically implicated fish<br>OR<br>Clinical syndrome among persons who have eaten puffer fish |
| 2. Heavy metals<br>• Antimony<br>• Cadmium<br>• Copper<br>• Iron<br>• Tin<br>• Zinc | 5 min–8 hrs; usually <1 hr | Vomiting, often metallic taste | Demonstration of high concentration of metal in epidemiologically implicated food |
| 3. Monosodium glutamate (MSG) | 3 min–2 hrs; usually <1 hr | Burning sensation in chest, neck, abdomen, or extremities; sensation of lightness and pressure over face or heavy feeling in chest | Clinical syndrome among persons who have eaten food containing MSG (e.g., usually 1.5 g MSG) |
| 4. Mushroom toxins | | | |
| a. Shorter-acting toxins | 2 hrs | Usually vomiting and diarrhea, other symptoms differ with toxin | Clinical syndrome among persons who have eaten mushroom identified as toxic type<br>OR<br>Demonstration of toxin in epidemiologically implicated mushroom or food containing mushroom |
| • Muscimol | | • Confusion, visual disturbance | |
| • Muscarine | | • Salivation, diaphoresis | |
| • Psilocybin | | • Hallucinations | |
| • *Coprinus artrementaris* | | • Disulfiram-like reaction | |
| • Ibotenic acid | | • Confusion, visual disturbance | |

**Table B. (*Continued*) Guidelines for confirmation of foodborne-disease outbreaks**

| Etiologic agent | Incubation period | Clinical syndrome | Confirmation |
|---|---|---|---|
| b. Longer-acting toxins (e.g., *Amanita* spp.) | 6–24 hrs | Diarrhea and abdominal cramps for 24 hrs followed by hepatic and renal failure | Clinical syndrome among persons who have eaten mushroom identified as toxic type<br>OR<br>Demonstration of toxin in epidemiologically implicated mushroom or food containing mushrooms |
| **Parasitic** | | | |
| 1. *Cryptosporidium parvum* | 2–28 days; median: 7 days | Diarrhea, nausea, vomiting; fever | Demonstration of organism or antigen in stool or in small-bowel biopsy of two or more ill persons<br>OR<br>Demonstration of toxin in epidemiologically implicated food |
| 2. *Cyclospora cayetanensus* | 1–11 days; median: 7 days | Fatigue, protracted diarrhea, often relapsing | Demonstration of organism in stool of two or more ill persons |
| 3. *Giardia lamblia* | 3–25 days; median: 7 days | Diarrhea, gas, cramps, nausea, fatigue | Two or more ill persons and detection of antigen in stool or demonstration of organism in stool, duodenal contents, or small-bowel biopsy specimen |
| 4. *Trichinella* spp. | 1–2 days for intestinal phase; 2–4 wks for systemic phase | Fever, myalgia, periorbital edema, high eosinophil count | Two or more ill persons and positive serologic test or demonstration of larvae in muscle biopsy<br>OR<br>Demonstration of larvae in epidemiologically implicated meat |

**Table B. (*Continued*) Guidelines for confirmation of foodborne-disease outbreaks**

| Etiologic agent | Incubation period | Clinical syndrome | Confirmation |
|---|---|---|---|
| **Viral** | | | |
| 1. Hepatitis A | 15–50 days; median: 28 days | Jaundice, dark urine, fatigue, anorexia, nausea | Detection of immunoglobulin M anti-hepatitis A virus in serum from two or more persons who consumed epidemiologically implicated food |
| 2. Norwalk family of viruses, small round-structured viruses (SRSV) | 15–77 hrs; usually 24–48 hrs | Vomiting, cramps, diarrhea, headache | More than fourfold rise in antibody titer to Norwalk virus or Norwalk-like virus in acute and convalescent sera in most serum pairs<br>OR<br>Visualization of small, round-structured viruses that react with patient's convalescent sera but not acute sera — by immune-electron microsopy (assays based on molecular diagnostics [e.g., polymerase-chain reaction, probes, or assays for antigen and antibodies from expressed antigen] are available in reference laboratories) |
| 3. Astrovirus, calicivirus, others | 15–77 hrs; usually 24–48 hrs | Vomiting, cramps, diarrhea, headache | Visualization of small, round-structured viruses that react with patient's convalescent sera but not acute sera — by immune-electron microsopy (assays based on molecular diagnostics [e.g., polymerase-chain reaction, probes, or assays for antigen and antibodies from expressed antigen] are available in reference laboratories) |

## MMWR

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**☆U.S. Government Printing Office: 2000-533-2206/08054 Region IV**

# APPENDIX C
## VIRAL HEPATITIS - DIFFERENTIAL DIAGNOSIS

| | HEPATITIS A | HEPATITIS B | HEPATITIS C |
|---|---|---|---|
| **Agent** | HAV (hepatitis A virus), an RNA virus related to enteroviruses | HBV (hepatitis B virus), a double-stranded DNA virus. | HCV (hepatitis C virus), a single-stranded RNA virus. |
| **Transmission** | Fecal-oral: Person to person, contaminated food. | By parenteral inoculation or mucosal membrane exposure to human blood or blood products. Sexual contact, contaminated IV needles, razors, tattoo/body piercing and other sharp instruments. Perinatal transmission. | Parenteral or permucosal exposure to contaminated blood or blood products. Transmission by sexual and perinatal exposure is possible but uncommon. |
| **Incubation** | 15-50 days (average 28-30 days). | 45-180 days (average 60-90 days). | 15-180 days (average 40 days). |
| **Source** | Feces from infected human, rarely blood. | Blood or blood products; semen. | Blood or blood products. |
| **Communicability** | Two weeks prior to onset of jaundice. Not infectious 1 week after onset of jaundice. | Several weeks before onset of jaundice for as long as HBsAg present. | From one or more weeks prior to onset; may persist indefinitely. Carrier state is common. Viremia appears to be relatively low. |
| **Diagnosis** | An acute illness with 1) discrete onset of symptoms **and** 2) jaundice or elevated serum aminotransferase levels **AND** based on positive IgM specific hepatitis A virus antibody test (anti-HAV IgM). Total hepatitis A virus antibody (Total anti-HAV) is not a confirmatory test for acute HAV. A case meets the clinical definition and occurs in a person who has an epidemiologic link with a person who has laboratory-confirmed hepatitis A (i.e., household or sexual contact with an infected person during the 15-50 days before the onset of symptoms). | Acute case: 1) discrete onset of symptoms, and 2) jaundice or elevated aminotransferase levels, and 3) appropriate lab tests for confirmation: HbsAg positive and/or anti-HBc IgM positive (if done), and 4) anti-HAV IgM negative (if done). | Acute case: 1) discrete onset of symptoms and 2) jaundice or ALT>7 times the upper limit of normal; and 3) IgM anti-HAV negative (if done), and 4) IgM anti-HBc negative (if done) or HbsAg negative and 5) anti-HCV positive by EIA, verified by an additional more specific assay (e.g. RIBA for anti-HCV or RT-PCR for HCV RNA) or by an average EIA signal to cutoff ratio of $\geq$3.8. |
| **Treatment** | None specific; supportive. No carrier state. | Antiviral medications help about one-third; supportive Chronic HBV disease occurs in 5-10% of acute cases with one third of these showing active liver disease with poor prognosis. | Treatment with interferon alone or in combination with ribravirin may be effective in 10-20% of cases with chronic disease. |
| **Prophylaxis/ Vaccine** | Immune globulin (IG) - see B-71. Hepatitis A vaccine. | HBIG: acute exposure (see B-71).<br>Hepatitis B vaccine; for long-term exposure (see B-71). | IG of no known benefit; no vaccine available. |
| **Laboratory Test** | Anti-HAV IgM. | Various serological tests available (see table in the hepatitis B chapter). Transaminase and bilirubin levels are used to monitor course of disease and liver function. | Liver function tests, anti-HAV IgM, HBsAg,anti-HBc IgM, second or third-generation EIA for HCV antibody(anti-HCV),RIBA, RT-PCR. |
| **Signs/Symptoms** | Abrupt onset with fever, malaise, anorexia, abdominal discomfort, jaundice, nausea & vomiting, and hepatomegaly. Chronic liver disease with cirrhosis not documented. Fulminating liver disease with coma rare. With acute hepatic failure, mortality rate is 65-75%. Severity increases with age. Often asymptomatic in infants and small children. | Insidious onset with anorexia, malaise, abdominal discomfort, jaundice and arthralgias. For carriers, can progress to chronic liver disease and cirrhosis. With acute hepatic failure, mortality rate is 65-75%. Severity increases with age. Asymptomatic in 70% of cases. 15-25% of those with chronic infection will develop liver cancer. | Often asymptomatic, mild disease. 10%-20% have vague symptoms such as anorexia, malaise or abdominal pain, 20-30% have jaundice, 85% become chronic carriers, 70% develop chronic liver disease, 15% develop cirrhosis after 20 to 30 years, 5% die from liver cancer or cirrhosis. Fulminant hepatic failure following infection is rare. |
| **Synonyms** | Infectious hepatitis (obsolete). | Serum hepatitis, Australian antigen (both obsolete). | Hepatitis non-A, non-B (obsolete). |

# Appendix D
# ACUTE COMMUNICABLE DISEASE REPORT FORMS
# LISTED BY DISEASE

(B - 160 Forms manual)

| Disease | Form Name | Form Number | Available electronically | In fillable format | Revision Date |
|---|---|---|---|---|---|
| AIDS, Pediatric | Pediatric HIV/AIDS Confidential Case Report | CDC 50.42B | No | No | Sep-96 |
| Amebiasis | Parasite Epidemiologic Case History | T-102 | Yes | No | Aug-96 |
| Anisakiasis | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Anthrax | Anthrax (Human) Case Report | DHS 8578 | Yes | Yes | Dec-01 |
| Botulism | Botulism Case Report | DHS 8547 | Yes | Yes | Dec-99 |
| Brucellosis | Case Report of Brucellosis (Undulant Fever), Q Fever, Tularemia | DHS 8558 | Yes | Yes | Sep-99 |
| Campylobacteriosis | Campylobacteriosis | acd-camp601 | Yes | No | Jun-01 |
| Chickenpox (Varicella) | Varicella Death Investigation Worksheet | (none) | No | No | N/A |
| Cholera | Cholera & Other Vibrio Illness Surveillance Report | CDC 52.79 | Yes | No | Jul-00 |
| Coccidioidomycosis | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Cryptosporidiosis | Parasite Epidemiologic Case History | T-102 | Yes | No | Aug-96 |
| Cysticercosis (Taeniasis) | Cysticercosis Investigation Form | T-378 | No | No | Oct-00 |
| Dengue | Dengue Case Investigation | CDC 56.31A | Yes | No | Oct-85 |
| | Dengue Case Investigation Report (Spanish version) | CDC 56.31B | Yes | No | Sept-02 |
| Diarrhea of Newborns (outbreaks only) | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Diphtheria | Diphtheria Case Report | DHS 8579 | Yes | Yes | Jan-99 |
| E. coli 0157:H7 and Hemolytic Uremic Synd. (HUS) | Case Report: E. coli 0157, HUS | DHS 8555 | Yes | Yes | Dec-01 |
| | Case Alert Form - Hemolytic Uremic Syndrome (HUS) Surveillance | DHS 8609 | Yes | Yes | Sep-00 |
| Ecchinococcosis | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Ehrlichiosis | Tick-borne Rickettsial Disease Case Report | CDC 55.1 | Yes | No | Jan-01 |
| Encephalitis (acute viral, arthropod-borne) | Encephalitis Case History Form | acd-enceph402 | Yes | No | Apr-02 |
| Foodborne Disease | Waterborne Diseases Outbreak Report | CDC 52.12 | Yes | No | Nov-99 |
| | Investigation of a Foodborne Outbreak | CDC 52.13 | Yes | No | Oct-00 |
| | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| | Visual CMR Foodborne Illness Report | LAC-FBI | No | No | Jul-00 |
| Gastroenteritis, viral (outbreaks only) | Waterborne Diseases Outbreak Report | CDC 52.12 | Yes | No | Nov-99 |
| | Investigation of a Foodborne Outbreak | CDC 52.13 | Yes | No | Oct-00 |
| | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| | Visual CMR Foodborne Illness Report | LAC-FBI | No | No | Jul-00 |
| Giardiasis | Parasite Epidemiologic Case History | T-102 | Yes | No | Aug-96 |
| Haemophilus influenzae | Invasive Haemophilus Influenzae Disease | PM 401 | Yes | Yes | Jun-01 |

**Appendix D (cont.)**

| Disease | Form Name | Form Number | Available electronically | In fillable format | Revision Date |
|---|---|---|---|---|---|
| Hantavirus | Hantavirus Pulmonary Syndrome Case Report Form (CDC form) | (none) | No | No | Jun-98 |
| | Hantavirus Pulmonary Syndrome Screening Form (acd form) | (none) | No | No | |
| Hepatitis | Viral Hepatitis Case Record for Reporting of Patients with Symptomatic Acute Viral Hepatitis | CDC 53.1 | No | No | Jun-93 |
| | Transfusion Associated Hepatitis Case Record | DHS 8376 | No | No | Jan-87 |
| | Confidential HBsAg+ Case / Household Management Report | DHS 8546 | No | No | Jan-97 |
| Hepatitis, perinatal Hepatits B | Perinatal Hepatitis B Case Worksheet | PHBP | No | No | Sep-94 |
| Influenza (outbreaks) | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Influenza (outbreaks in healthcare facilities) | CD Outbreak Notice -- Health Care Facility | H-1163 | No | No | Jan-78 |
| | CD Outbreak Investigation -- Health Care Facility | H-1164 | No | No | Jan-78 |
| Kawasaki | Kawasaki Syndrome Case Reporting | DHS 8468 | Yes | Yes | Jan-99 |
| Legionellosis | Legionellosis Case Report | CDC 52.56 | Yes | No | Jan-02 |
| Leprosy (Hansen's disease) | Leprosy Surveillance | CDC 52.18 | No | No | Jun-93 |
| | Leprosy Case/Contact Surveillance | H-1442 | No | No | May-78 |
| Leptospirosis | Leptospirosis Case Report | DHS 8577 | Yes | No | Sep-99 |
| Listeriosis | Listeriosis Case History | DHS 8296 | Yes | No | May-01 |
| Lyme Borrelosis | Lyme Disease Case Report | DHS 8470 | Yes | Yes | Oct-01 |
| Malaria | Malaria Case Report | DHS 8657 | Yes | Yes | Sep-02 |
| Measles (Rubeola) | Measles (Rubeola) Case/Contact Investigation | DHS 8345 | Yes | Yes | Oct-01 |
| Meningitis, viral | Case Report of Suspected Viral Diseases of the Central Nervous System | SDH 262-401 | No | No | Feb-70 |
| Meningococcal Infection | Meningococcal Disease Investigation - Additional Information Addendum | (none) | Yes | No | Feb-00 |
| | Meningococcal Disease Case Report | DHS 8469 | Yes | Yes | Apr-00 |
| Mumps (outbreaks only) | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Necrotizing Fasciitis | Group A Streptococcus Surveillance | acd-strep | No | No | May-02 |
| Outbreak - Foodborne Diseases | Investigation of a Foodborne Outbreak | CDC 52.13 | Yes | No | Oct-00 |
| Outbreak (health care facility) | CD Outbreak Notice -- Health Care Facility | H-1163 | No | No | Jan-78 |
| | CD Outbreak Investigation -- Health Care Facility | H-1164 | No | No | Jan-78 |
| | CD Follow-Up -- Health Care Facility | H-1230 | No | No | Feb-78 |
| Outbreak- Waterborne Diseases | Waterborne Diseases Outbreak Report | CDC 52.12 | Yes | No | Nov-99 |
| Outbreaks (General) | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Paratyphoid Fever | LAC DHS Salmonellosis | acd-salm601 | Yes | No | Jun-01 |

## Appendix D (cont.)

| Disease | Form Name | Form Number | Available electronically | In fillable format | Revision Date |
|---|---|---|---|---|---|
| Pediculosis (outbreaks) | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Pertussis | Pertussis Case Report | DHS 8258 | Yes | Yes | Jul-01 |
| Plague | Plague Case Investigation Report | CDC 56.37 | No | No | May-85 |
| Pneumococcal Disease | Pneumococcal Conjugate Vaccine Failure Case Report | CDC 52.87 | No | No | Sep-01 |
| Pneumococcal, Invasive Disease | Invasive Acd-salm601, 6/01 fillable Form | acd-Invas Pneumo | Yes | No | Oct-02 |
| Poliomyelitis | Poliomyelitis Case Report | DHS 8421 | Yes | Yes | Feb-99 |
| Poliomyelitis (if vaccine related) | Vaccine Adverse Event Reporting System | VAERS-1 | No | No | |
| Psittacosis | Psittacosis Case Report | DHS 8583 | Yes | Yes | Oct-99 |
| Q Fever | Case Report of Brucellosis (Undulant Fever), Q Fever, Tularemia | DHS 8558 | Yes | Yes | Sep-99 |
| Rabies | Human Rabies Case Report | DHS 8526 | Yes | Yes | Sep-99 |
| | Epidemiologic Report of a Case of Animal Rabies | PM 102 | No | No | Sep-73 |
| Relapsing Fever | Case Report: Typhus Fever, Relapsing Fever | DHS 8560 | Yes | Yes | Apr-00 |
| Reye Syndrome | CDC Reye Syndrome Case Investigation Report | CDC 55.8 | No | No | Sep-91 |
| Ringworm (of scalp) | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Rocky Mountain Spotted Fever | Tick-borne Rickettsial Disease Case Report | CDC 55.1 | Yes | No | Jan-01 |
| Rubella (German Measles, 3-day Measles) | Rubella (German Measles) Case Report - California | PM 358 | Yes | Yes | Jan-01 |
| Rubella, Congenital | Congenital Rubella Syndrome Case Report | CDC 71.17 | No | No | Mar-95 |
| | Congenital Rubella Syndrome Maternal Questionnaire | DHS | No | No | Oct-90 |
| Salmonellosis | LAC DHS Salmonellosis | acd-salm601 | Yes | No | Jun-01 |
| Scabies | Guidelines for Prevention and Control of Scabies in Health Care Facilities | B-274 | No | No | Aug-98 |
| Scabies (outbreaks) | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Scabies (outbreaks, health care facility) | CD Outbreak Notice -- Health Care Facility | H-1163 | No | No | Jan-78 |
| | CD Outbreak Investigation -- Health Care Facility | H-1164 | No | No | Jan-78 |
| Shigella | LAC DHS Shigellosis | acd-shig601 | Yes | No | Jun-01 |
| Staphylococcal | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Streptococcal Infections | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Streptococcal Toxic Shock Syndrome | Invasive Group A Streptococcal Disease (IGAS) & Streptococcal Toxic-Shock Syndrome (STSS) Report Form | ACDC-IGAS/STSS | Yes | No | Mar-03 |
| Streptococcus Group A invasive | Invasive Group A Streptococcal Disease (IGAS) & Streptococcal Toxic-Shock Syndrome (STSS) Report Form | ACDC-IGAS/STSS | Yes | No | Mar-03 |
| Tetanus | Tetanus Surveillance Case Report | T-386 | No | No | May-87 |

**Appendix D (cont.)**

| Disease | Form Name | Form Number | Available electronically | In fillable format | Revision Date |
|---|---|---|---|---|---|
| Toxic Shock Syndrome (staphylococcal, streptococcal) | Toxic Shock Syndrome Case Report | CDC 52.3 | No | No | Jun-89 |
| Toxoplasmosis | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Trichinosis | Trichinosis Surveillance Case Report | CDC 54.7 | No | No | Feb-90 |
| Tularemia | Case Report of Brucellosis (Undulant Fever), Q Fever, Tularemia | DHS 8558 | Yes | Yes | Sep-99 |
| Typhoid, Acute | LAC DHS Release of Acute or Convalescent Typhoid Fever Case | acd-typhoid case release | Yes | No | Jul-02 |
| | Typhoid Fever Surveillance Report | CDC 52.5 | Yes | No | Jun-97 |
| | Typhoid Case Record | H-1956 | No | No | Aug-78 |
| Typhoid, Carrier | LAC DHS Release of Chronic Typhoid Carrier | acd-typhoid carrier release | Yes | No | Jul-02 |
| | LAC DHS Typhoid Carrier Semi-Annual Report | acd-typhoid carrier semi-rep | Yes | No | Jul-02 |
| | Typhoid Carrier Register -- Semi-Annual Update | DHS 8466 | Yes | No | May-99 |
| | Typhoid Carrier Agreement (English & Spanish) | DHS 8563 | Yes | Yes | May-99 |
| | Typhoid Carrier Case Report | DHS 8566 | Yes | Yes | Mar-00 |
| | Typhoid Carrier Record | H-1962 | No | No | Jul-78 |
| Typhus, Fleaborne | LAC DHS Murine Typhus Case Report Form | acd-typhus | Yes | No | Jul-02 |
| Vibriosis | Cholera & Other Vibrio Illness Surveillance Report | CDC 52.79 | Yes | No | Jul-00 |
| Yellow Fever | Outbreak/Unusual Disease Report | DHS 8554 | Yes | Yes | Mar-00 |
| Yersiniosis | LAC DHS Yersiniosis | acd-yersiniosis | Yes | No | Jul-02 |